CAP REAL PROPERTY SURVEY

UNIT NAME AND ADDRESS: **UNIT NUMBER**

1.   General: Use a separate form for each parcel of real property your unit owns, leases, or is allowed to use. If your unit does not own, lease, or use any property, don't fill out the rest of this form. However, the unit commander must sign below.

    I certify that my unit does not own, lease or use real property.

_____

UNIT COMMANDER   DATE

2.   Address and description of property (include size, square feet or acreage):

_____

_____

_____

3.   Check the applicable block. The Unit:

    a.   _____   Owns this property. NOTE: **ATTACH A COPY OF THE DEED.**

        (1)   When, where and how did the unit acquire this property?
           _____Gift _____
           (Donor's name and address, if known, and date acquired.)

           _____Purchases   _____
           (Amount paid or other value exchanged and date required)

        (2)   Are there buildings on this land?   _____ YES   _____ NO

        (3)   Does the unit have any insurance associated with this property other than what is covered by National Headquarters?
    _____ YES   _____ NO

(If "yes", *attach a copy of the policy* to this form or describe exactly what kind of coverage you carry and with whom.)

_____

_____

        (4)   Estimate current value: Land $_____   Building(s) $ _____

    b.   _____   Leases this property: (NOTE: *Attach a copy of current lease.*)

        (1)   Who owns the property?_____
                              (Name and Address)

        (2)   What is the rent?_____
                           (Amount of payment per month/year.)

        (3)   Does the unit have any insurance associated with this leased property other than what is carried by National Headquarters?
    _____ YES   _____ NO

(If "Yes", *attach a copy of the policy* to this form or describe coverage and with whom.)

_____

c. Has the permission of the owner to use this parcel. (NOTE: *Attach a copy of current lease if applicable.*)

    (1) Who owns the property? _____
                                  (Name and Address)

    (2) If the owner is the Federal Government, was a license obtained through the Army Corps of Engineers?
    ____ YES   ____ NO

4. What does the unit use this property for? (You may check more than one.)

    _____ Meetings/Training

    _____ Encampments/outside activities

    _____ Storage

    _____ Non-CAP related activities

    _____ Other (Please explain) _____

                  _____

I certify that the above is true and correct to the best of my knowledge after diligent search of all facts and records reasonably available to me. I understand that failure to return this questionnaire with accurate and complete responses may jeopardize my unit's insurance coverage and continuation of my unit's charter.

_____   _____
    UNIT COMMANDER   DATE